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Frequently Asked Questions:

Guidance for International Medical Graduates Matching in Internal Medicine in 2021 Webinar

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Thank you to our webinar panel who contributed to this document:

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Part 1: ECFMG Status Update

1. Because of the pandemic, is it anticipated that there will be a decrease in sponsorship for visas for IMG applicants by U.S. residency programs?

Dr. Pinsky:

- There is no limit on the numbers of J-1 visas. The J-1 visa is not an immigration visa; it is a cultural exchange visa. We typically sponsor about 12,000 individuals on the J-1 visa, and the ECFMG is the sole sponsor for the J-1 visa for international medical graduates.
- The Department of State worked very hard with the ECFMG during the spring pandemic to complete the J-1 visa applications, as well as H-1 visas, even though the ECFMG only sponsors the J-1 visas. H-1B visas are sponsored by individual institutions, but because the ECFMG is an advocate for international medical graduates, we helped with these visas as well.
- Because of the economic downturn caused by the pandemic, it may be that individual institutions that traditionally sponsor H-1B visas may seek to have their matched residents apply for J-1 visas instead.
- Over the past decade there has been over a 60% increase in J-1 visa sponsorship for foreign national physicians.
- Taking a proactive approach along with the Department of State given the pandemic, there was a 95% arrival of J-1 visa holders by the end of July 2020, which is comparable to prior years.
- The ECFMG has also been working with the US airline industry (Airlines for America) to find routes to the US for individuals coming to the US for training.

2. Due to current travel restrictions and varying quarantine requirements required by different cities and states due to the pandemic, how may this affect starting dates for new interns in 2021?

Dr. Pinsky:

- I would like to think that since we were successful last year, we'll be as successful this year, although there still many unknowns given the pandemic.
- Institutions and residency program directors did an amazing job in navigating the obstacles to onboarding new trainees given quarantine and other pandemic-related issues.

3. The ECFMG has developed 5 different pathways for IMGs to obtain the ECFMG certificate.

- When should students expect the ECFMG certificates to be uploaded?

Dr. Pinsky:

For those that have applied through the pathways and have taken the language test, I would expect them in the next few weeks. We release them on a rolling basis, which is typically two weeks after they've met all the requirements. It would be the same for those that going through the pathways as those who passed the Step 2 Clinical Skills examination. Keep in mind that once you are certified by the ECFMG, that report is sent through the Electronic Residency Application Service (ERAS) – your records will be automatically updated to reflect this.

- For residency programs, will this certificate or its requirements (such as the Occupational English Test results) be required before applicants are offered interviews?

Dr. Pinsky:

That's up to residency programs to decide. We are working diligently to make sure that the programs have up-to-date information and that they know what our expectations are of the applicants. However, the criteria programs use to determine interviews are up to them.

- What if the certificate is submitted after the October 21st date?

Dr. Pinsky:

In the past, the cutoff date for completion of the Step 2 Clinical Skills exam has been the end of December to allow for adequate time for processing of applications for certification. Similarly, those needing to take the Occupational English Test will also need to complete this by the end of December. By policy, international medical graduates need to meet all of the requirements for certification by the time of the Match rank order list submission deadline, which is March 3rd of 2021. Therefore, those pursuing a pathway to certification must complete all of the basic requirements as well as those of the specific pathway by this date.

- Will programs be more lenient this year in timing parameters given these significant changes?

Dr. Knohl:

We'll probably be more lenient where we're able to be more lenient. For example, since we are not

having in-person interviews, this may allow programs who were otherwise restricted in the number and time frame for interview to be more flexible with virtual interviews. It is important to know that each program is different and may approach this differently. However, it seems likely that programs will be somewhat more lenient in timing parameters compared to other years.

Dr. Apaloo:

I believe we're going to be more lenient, but it's important for applicants to prepare the rest of their application in order to meet the March 3rd deadline. Programs will likely be flexible as long as everything can be completed by that time. It will take a lot of communication on both ends to make sure that the materials for certification are submitted on time.

Part 2: COVID-19's Impact on International Medical Graduate Applicants

1. Many IMGs rely on in-person rotations to get to know a program and receive U.S. letters of recommendation before applying.

- How will the cancellation of observerships impact IMGs?
- Will these be available in the foreseeable future?

Dr. Knohl:

There is going to be an impact but we're not sure how much right now. Programs have used these observerships to get to know applicants and vice versa, but we're not sure right now what kind of impact it will have.

We will, most likely, not be able to offer observerships in the foreseeable future but not because we don't want to. We very much value the international medical graduate, but the reality is that we need to be smart and mindful of the clinical situation. Plus, there are other factors, such as financial costs (such as for personal protective equipment) to consider as well. So programs will likely not feel comfortable offering observerships and other clinical experiences until we've rounded that corner as it relates to COVID-19.

- Are observerships and clinical rotations provided by third party organizations for a fee a legitimate alternative?

Dr. Knohl:

I did some homework to see if there were virtual alternatives and I didn't see anything from an institutional perspective. I've heard from others there may be some private enterprises, but I would be skeptical about them. Programs, in-turn would likely be skeptical of these experiences as they might be seen as an attempt to "game the system."

2. Are virtual rotations [such as those offered through the Visiting Student Application Service (VSAS)] considered a valid way to obtain clinical experiences for IMGs?

- How will letters of recommendation from a preceptor in a virtual rotation be weighed?

Dr. Spencer:

I will echo Dr. Knohl – this is all new to us. It's hard to say that any virtual experience will be as meaningful as in-person experiences. In the heat of COVID, US medical students also did virtual rotations (such as participating in rounds or clinics via electronic means) to obtain clinical experience. There's likely some value to students and patients. However, how to get meaningful letters and skills is more difficult. If trainees did participate in them, the more descriptive they are in what skills were observed, what was their clinical reasoning, etc. would be valuable. They should describe the complexity of their thinking, the compassion and empathy they delivered, and how they responded to difficult questions, for example. There may not be as much to comment on as with in-person observation, but describing the quantity and quality and actual components of those interactions, and what the trainee did well, what they learned, and how they improved would be of value.

3. For IMGs unable to participate in in-person rotations in the U.S., will home country evaluations and letters of recommendation carry any weight in the application process?

Dr. Apaloo:

This is the time where your application packet needs extra attention. We are in this together with you. Program directors are going to do an in-depth review of everything you submit. Make sure that if you have not done any observerships that you have people writing recommendations for you who have had clinical contact with you so they can describe what you do in a real clinical setting. Be selective when you choose those to write your recommendations so they can support your application by addressing your clinical skills and acumen. And for those unable to perform observerships, some programs are considering having extended "bootcamps" to help you to adjust to the clinical situation here. Just work hard on making sure that your application tells as much as possible about you so programs can get a sense of who you are and what you've done.

Part 3: COVID-19's Impact on Residency Programs' Ability to Evaluate Applicants

1. Because of the interruption of observerships and USMLE testing due to the pandemic, and because applicants may apply to more programs than in past years:

- What additional criteria are programs planning to use to screen applications and select interviewees?

Dr. Spencer:

With application inflation, the more it occurs, the less holistic the review will be possible of each application. It will hurt all applicants as the volume of applications increases and the time to review them decreases. You'd be doing your colleagues and friends an injustice by doing this.

Also, with the pandemic exposing significant issues associated with structural racism in the US, programs will likely be considering diversity, equity, and inclusion aspects of an application. Underrepresentation in medicine may be a consideration in balancing out the justice in who is being invited for interviews.

Increased score requirements and other filters will most likely not happen.

Application inflation may also have a negative impact on the interview process if a subset of applicants accepts an excessive number of first round interview invitations that may leave their fellow applicant colleagues waiting for another round without access to those interviews, not to mention creating problems for residency programs in managing interviews. There is great benefit in using input from your advisers to only apply to programs you are realistically interested in and would ultimately want to attend if accepted.

- Are residency programs likely to have more or less strict requirements (such as different score cutoffs, etc.)?
- Will having completed the USMLE Step 2 Clinical Skills be considered more favorably than completion of the Occupational English Test (OET)?

Dr. Knohl:

I don't think so. Programs just want to know that the person applying has proficiency in communication. I don't think it will be judged differently.

- Will OET be the requirement going forward or will it be the STEP 2 CS exam in the upcoming cycle?

Dr. Pinsky:

It's hard to tell right now. The reason we chose OET is because it's not just an English exam, it's a communication exam. If the clinical skills examination is online by the time of match 2022, then yes. If not, OET with some other tools to be developed will probably be utilized.

- What should IMGs do or focus on as they apply for this year's match?

Dr. Apaloo:

Be clear on what kind of program you want and that this is clear in your application. It's not about increasing the quantity of what you do, but improving the quality of your application, making sure that you demonstrate your personal traits and attributes so program directors can understand who you are. Your personal statement should be about you and not simply a rehash of your CV.

Dr. Spencer:

Your application should tell the program about you. What are your values? What's your dream program? What is your mission and how do you want to achieve it? Don't just list your accomplishments – tell us about what you are all about. The more you can put into your application that tells programs who you are and compel them to want to meet you, the more effective it will be. Having your letter writers describe how you managed the patients in your home country is important. Focus on what you really want, as opposed to seeking any training slot. You should reach out to programs that really appeal to you and let them know. Creating a personal connection with a program is always helpful.

Dr. Knohl and Dr. Spencer:

If you have colleagues (such as faculty, staff, or peers in training) who can advocate on your behalf, that's the most influential thing to hear, and may be particularly important this year. We invest in our professional families and it is helpful to hear who they value. Make sure to get internal referrals if you have this option.

2. Due to virtual interviews being less-costly than in-person interviews, it seems likely that applicants may consider applying to more programs to increase their chances of obtaining interviews.

- Will applying to more programs this year increase the chances of obtaining an interview?

Dr. Apaloo:

No. It is more about quality than quantity. As mentioned, if everyone over-applys, this will decrease the ability to holistically evaluate all candidates and will hurt both individuals and others.

- Will the number of interview slots be increased this year?

Dr. Apaloo:

No, most programs will likely not be increasing the number of interviews this year as their criteria for selecting interviewees has not changed. Except for not being able to interview in-person, nothing much has changed except for the need to more closely evaluate applications and use as many other sources of information available about candidates as previously discussed.

- Will the interview timeline will be extended relative to past years?

Dr. Apaloo:

I don't think so. In reality, it will probably be cut short by two weeks because of delays in the time available for programs to access and review applications.

3. Learning about the culture and community of a residency program is an important factor in medical students' decisions to apply and rank residency programs.

- What are some ways for IMG applicants to learn about and experience your program's culture and community without being able to attend an on-campus rotation or in-person interview?

Dr. Apaloo:

It's important to look at program's webpage and social media outlets. Look at the mission and vision of a program and see if it might be a good fit for you. Talk to former graduates to get more information about who trains there and what happens to them. Look at the town's website to get a feel for where the program is located and how well this matches the culture you're looking for. Many programs will be having virtual engagement experiences with current residents to allow interaction with those already in the program. If you know someone with knowledge of a program, contact them. If you can't find answers to specific questions, feel free to email program directors and administrators to ask questions. Take advantage of all the online resources, and do your homework to research the

program.

- Will there be opportunities for applicants to interact with other applicants and the residents on their virtual interview?

Dr. Spencer:

Yes, virtual chat rooms, open houses ahead of time, etc. To get a sense of a program, know first what you are looking for and the things that are most important to you in determining how well you might fit into a program and community. Look carefully at what programs are putting forth (or not) as important to them. This may make it easier to get meaningful information from online resources and social media. Go in as a savvy consumer.

4. Regarding virtual interviews:

- Will there likely be significant changes to a typical interview day compared to pre-pandemic times, such as shorter interview days, breaks for lunch, etc.?
- How will time differences be managed for virtual interviews for IMG applicants?
- Will there be opportunities for applicants to interact with other applicants and residents during their virtual interview?

Dr. Knohl:

Programs will do as much as they can to try and mimic a typical interview day as much as possible virtually by providing faculty interviews, the opportunity to meet the program director, interact with residents and other applicants, provide a tour in some way. Doing so will hopefully provide both applicants and programs what they want and need from an interview day. It's not a perfect recreation of the in-person experience but we will learn from it.

Programs will probably not be able to adjust interviews based on time zones, which is an unfortunate reality.

Dr. Apaloo:

Some programs may be able to offer some adjusted interview times (such as morning versus afternoon), but it is difficult to be more specific. But it will be difficult to make major changes to accommodate different time zones.

Dr. Spencer:

There will likely be more opportunity to process what's being sent to you – which is an advantage. Often during an in-person interview day, the amount of information can be overwhelming and may be difficult to process. Obtaining this information virtually may allow you to digest it in a more meaningful way and be a more informed consumer. There will probably be more flexibility in the day than in past years.

1. What is the difference between ECFMG eligibility and ECFMG certification, and how does that affect the residency application process?

Dr. Pinsky:

ECFMG certification is a comprehensive process to insure the public and the programs of the qualifications of the individuals based on source verification of their identity, medical school transcripts, validity of their medical school diploma, and successful passing of the USMLE exams or the pathways implemented this year. Those who would be able to meet these requirements are considered eligible for ECFMG certification, with submission of the required documentation by the appropriate deadlines and processing results in certification if the criteria are met.

2. What is the value or an educator or advocate from an applicant's home country contacting a residency program director in the US?

Dr. Knohl:

Any type of personal outreach is valuable, particularly this year. However, such contacts should be directed and meaningful – for example, making a connection with a specific program or community. Having people contact multiple programs indiscriminately will likely be viewed negatively and may ruin the value of the referral. Be smart and selective about personal referrals.

3. Traditionally the time since graduation from medical school has been used as a major criterion program use to select applicants. Will this change this year?

Dr. Apaloo:

Most programs tend to look for more recent graduates. However, there may be some leniency with this if they are still involved in internal medicine in some way, either in practice or education, in another country. This would be important for applicants to illustrate if they are farther out from medical school graduation.

Dr. Spencer:

That's a tough question. More recent graduates are usually more desirable. For those farther out, what was done with that time, what was discovered, becomes much more important. Make sure you explain what was done with that time and how it has helped prepare you further. That may be a good time to have a referral reach out personally to explain the details of that situation.